



Volunteer Application

PERSONAL INFORMATION

Name: _____ Ms. _____ Mrs. _____ Mr. _____
Last First Middle Initial Preferred Salutation

Address: _____
Street Address City State Zip

() _____ () _____ _____
Home Work Cell e-mail

Date of birth: _____ Social Security #: _____
month / day / year

What made you decide to volunteer at the Indiana State Museum?

- ☐ Friend or Coworker ☐ Advertisement in _____
☐ Indiana State Museum Publication ☐ Other _____
Please describe

EDUCATION

High School 1 2 3 4 School: _____

College 1 2 3 4 School: _____ Major: _____

Graduate School 1 2 3 4 School: _____ Major: _____
(Circle last year completed)

Other special courses: _____

EXPERIENCE

Current employer: _____

Position: _____

Special training or skill: _____

Volunteer experience: _____

Hobbies: _____

Foreign Language proficiency: _____

PLEASE COMPLETE NEXT PAGE AND MAIL TO:
Manager of Volunteer Services, Indiana State Museum, 650 W. Washington Street,
Indianapolis, IN 46204 or FAX to (317) 232-7090
Questions: Call (317) 232-8351



CHECK AVAILABILITY

Do you prefer to volunteer: ☐ weekly ☐ twice monthly ☐ special events ☐ on call only

Availability	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							Not open
Afternoon							

Available days/times for an interview if different: _____

Emergency contact: _____
 Name Relationship Day Phone Eve. Phone

Do you know any Indiana State Museum volunteers?: _____

VOLUNTEER INTERESTS

Job descriptions are available for your review for specific positions in areas of interest.

Behind the scenes:

- _____ Program Support (Enjoy meeting other volunteers as you prepare materials for educational programs or special events and perform administrative functions)
- _____ Research & Collections (Works with our curators in the museum and in special settings).
- _____ Garden Support (Provide valuable care and educational information to our guests in one of the museum's showcase naturalized wildflower gardens with flexible scheduling.)

Guest Services:

- _____ Information Center (Greet guests, answer questions, and give individualized service.)
- _____ Gift Shop (Assist with sales in the museum's two story shopping destination)
- _____ Guest Service Assistants (Assist in greeting groups; coordinating the school lunch room schedule; coat check; greeting for special events)

Share your love of learning:

- _____ Discovery Cart Hosts (Enjoy interacting with visitors while giving a brief educational presentation on varying topics and encourage them to learn more in our galleries)
- _____ Naturalist's Lab (Encourage visitors to explore and observe, using sight, sound, and touch as they discover the wonders of science and nature)
- _____ Docents/Guides (Share your love of learning and knowledge of the museum galleries and artifacts by providing guided tours and other in-depth presentations and verbally facilitating inquiry and discussion with museum visitors.)

Special Events:

- _____ Special Events & Exhibits: (Join in the fun! Help set up, provide hospitality and lead games and activities at a variety of events)

Outreach:

- _____ Covered Wagon Program (Travel throughout your community to help present a workshop on pioneer life.)
- _____ Speaker's Bureau (Give presentations on various museum-related topics throughout the state.)

Comments or additional interests: _____

Preferred positions: _____

SIGNATURE

DATE



Security Check

◆ For security reasons, all staff members and volunteers must agree to a security check of their background. A Zachary Law check is performed on all volunteers and staff as well. Please enter the following information and sign below to show that you agree to this requirement. Security checks are provided by the Indiana State Police and are held in strictest confidence.

Full Name _____ Date of Birth ____ / ____ / ____

Race _____ Sex _____

I am aware of the need and give permission to the Indiana State Police for a security review of my records.

Signed: _____ Date _____

Release

In consideration of the publicity benefits to me and of my involvement by the Department of Natural Resources, the Indiana State Museum and the Historic Sites, its nominees, agents and assigns and anyone publishing under its authority, unlimited permission to use, publish and republish reproductions of my likeness and voice, with or without use of my name. I hereby agree to hold the Department of Natural Resources, the Indiana State Museum and the Historic Sites harmless from any liability arising from the use of my likeness, voice or name in conjunction with this agreement.

X _____ Date: _____
(Volunteer Signature)

DNR Volunteer Service Agreement

This agreement is entered into between the **Indiana Department of Natural Resources** and

_____ to govern volunteer services.
(Printed Name)

The above named agrees as follows: I am a volunteer for the State of Indiana and I am a temporary employee and not for compensation. I understand that I will receive no payments or remuneration for my volunteer work and that I am exempt from the minimum wage and maximum hour working provisions of the Fair Labor Standards Acts. I further understand that if I am injured while working for the State of Indiana as a volunteer, Workman's Compensation will be the sole and exclusive remedy for any such injury. It is mutually agreed that the above named individual will assist and work as a volunteer with the Department of Natural Resources during the period that will begin on or about _____ (fill in date that volunteer service begins).

Signed Name: _____ Date Signed _____

For Office Use Only

Date received:

Interview date:

Training date: